ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH

County _Gila_ State _Arizona_

District or Township _____ or Village _____

City _Miami_ No. _136 Grover Canon_ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child _Antonio De la Riva_
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child _Male_

To be answered ONLY in event of plural births.

4. Twin, triplet or other _____

5. No., in order of birth. _____

6. Legitimate? _yes_

7. Date of birth _June 13 – 1927_
Month Day Year

8. FATHER	14. MOTHER
Full name _Pedro M. De la Riva_	Full maiden name _Juana De la Riva_
9. Residence (Usual place of abode) _Miami, Arizona_ If non-resident, give place and state.	15. Residence (Usual place of abode) _Miami, Arizona_ If non-resident, give place and state.
10. Color or race _Mex._ 11. Age at last birthday _34_ (Years)	16. Color or race _Mex._ 17. Age at last birthday _30_ (Years)
12. Birthplace (city or place) _Aguas Calientes, Mex._ (State or country)	18. Birthplace (city or place) _Zacetecae, Mex._ (State or country)
13. Occupation _Smelterman_ Nature of industry _Int. Smelting Co._	19. Occupation Nature of industry _Housewife_

20. Number of children of this mother _____
(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living _5_
(b) Born alive but now dead _1_
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? _yes_

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _born alive_ at _9 30_ P. m. on the date above stated
(Born alive or stillborn.)

Signature _Cyril M. Crow M.D._
Physician
(Physician or midwife).

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Address _Miami, Arizona._

Given name added from a supplemental report

_141 – 613 – 141_
Month, day, year
Registrar

Filed _July 11, 19 27_ _O. E. Frm_
Registrar